123 U.S. PTO 10/602797	
1312	

PTO/SB/05 (05-03) Approved for use through 04/30/2003. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Attorney Docket No. 022956-0217 UTILITY First Inventor Thomas C. May PATENT APPLICATION

TRANSMITTAL		itle F	POROUS RESORBABLE GRAFT FIXATION PIN						
(Only for new nonprovisional applications under 37 CFF		xpress	Mail Label No.	EV32484	/324849112US				
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent app			ADDRESS TO	P.O. Box 1	oner 1450	for Patents			
1. X Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. Applicant claims small entity status. See 37 CFR 1.27. 3. X Specification [Total Pages 21 (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix			Nucleotide and/ (if applicable, al a. Compute b. Specification i. C	ll necessary) er Readable Fo Sequence Listi D-ROM or CD-	ndix) Sequ m (C ng or R (2 (ence Submission CRF)			
Background of the Invention Brief Summary of the Invention			ACCOM	PANYING A	PPLI	CATIONS PARTS			
- Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. X Drawing(s) (35 U.S.C. 113) [Total Silent] 11] 12] 13 14 15 16 17 76: part (CIP	10. 37 CFR 3.73(b) Statement (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDSYPTO-1449 Citations 13. Preliminary Amendment 14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. X Other: Application Title Sheet Check in the Amount of \$930.00 (Check in the Amount of \$40.00) Indeptitude of prior application No.: Art Unit:							
under Box 5b, is considered a part of the disclosure reference. The incorporation can only be relied upor	of the accomp n when a porti	anying co on has be	ontinuation or division en inadvertently om	onal applicatior itted from the s	and ubmi	is hereby incorporated by tted application parts.			
	19. CORRESPONDENCE ADDRESS								
X Customer Number or Bar Code Label		02	1125	or [x c	Correspondence address below			
NUTTER MCCLENNEN William C. Geary III	V & FISH	_LP	,						
World Trade Center We 155 Seaport Boulevard									
City Boston	State	M	IA .	Zip Coo	Zip Code 02210-2604				
Country US	Telept	one (6	17) 439-2766	F	Fax (617) 310-9766				
Name (Print/Type) William C. Geary	/ 111		Registration No.	(Attorney/Agen	t)	31,359			
Signature U				Date	Ju	ine 24, 2003			

Expr ss Mail Airbill No.: EV324849112US

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Complete if Known

CCC TD A NICAMITT A I						Diete II Known		
FEE TRANSMITTAL for FY 2003		Application Number				Not Yet Assigned		
		Filing Date				luly 23, 2	2003	
Effective 01/01/2003, Patent fees are subject to annual revision.	First Named Inventor				ntor T	Thomas C. May		
						Not Yet A	ssigned	
Applicant claims small entity status. See 37 CFR 1.27		Art Ur	nit		N	N/A		
TOTAL AMOUNT OF PAYMENT (\$) 970.00		Attorn	ey Doo	ket No	o. 0	22956-0	217	
METHOD OF PAYMENT (check all that apply)	<u> </u>			FEE	CALCULA	ATION (co	ntinued)	
2 Credit Money						, , , , , , , , , , , , , , , , , , ,		
Card Corder Cord								
Deposit Account	Large	e Entity	Small	Entity				
Deposit Account 141449	Fee	Fee	Fee	Fee	-	Fee Desc	rintion	
Number	Code	(\$)	Code	(\$)		1 00 0030	paon	Fee Paid
Deposit Account Nutter McClennen & Fish LLP	1051	130	2051	65	Surcharge –	late filing fe	e or oath	
Name The Director is hereby authorized to: (check all that apply)	1052	50	2052	25	Surcharge – sheet.	late provision	onal filing fee or cover	
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English	specificatio	n	\Box
X Charge any additional fee(s) during the pendency of this application	1812	2,520	1812	2,520	For filing a req	quest for ex p	parte reexamination	
	1804	920*	1804	920°	Requesting p		of SIR prior to	
to the above-identified deposit account.	1805	1,840*	1805	1,840*	Requesting p	oublication o	of SIR after	\vdash
FEE CALCULATION	1251	110	2251	55	Examiner act Extension for		a first month	\vdash
1. BASIC FILING FEE	1252	410	2252	205			n second month	
Large Entity Small Entity	1253	930	2253	465	Extension for			
Fee Fee Fee Fee Fee Description Fee Paid	1254	1,450	2254	725	Extension for	r reply within	n fourth month	
Code (\$) Code (\$) 1001 750 2001 375 Utility filing fee	1255	1,970	2255	985	Extension for	• •		
1002 330 2002 165 Design filing fee	1401	320	2401	160	Notice of App			
1003 520 2003 260 Plant filing fee	1402	320	2402	160		ng a brief in support of an appeal		
1004 750 2004 375 Reissue filing fee	1403	280	2403	140	Request for o			
1005 160 2005 80 Provisional filing fee	1451	1,510	1451	1,510		_	lic use proceeding	
01177711 (4)		110	2452	55	Petition to rev	vive – unav	oidable	
SUBTOTAL (1) (\$) 750.00	1453	1,300	2453	650	Petition to rev	vive - uninte	entional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,300	2501	650	Utility issue for	ee (or reiss	ue)	
Extra Fee from Claims below Fee Paid	1502	470	2502	235	Design issue	fee		
Total Claims 30 -20** = 10 x 18.00 = 180.00	1503	630	2503	315	Plant issue fe	ee		
Independent 2 -3** = x = 0.00	1460	130	1460	130	Petitions to th	he Commiss	sioner	
Claims 5.33	1807	50	1807	50	Processing fe	ee under 37	CFR 1.17(q)	
Large Entity Small Entity	1806	180	1806	180	_		on Disclosure Stmt	
Fee Fee Fee Fee Fee Description	8021	40	8021	40	Recording ea	ach patent a	ssignment per	40.00
Code (\$) Code (\$) Fee Description					property (time	es number (of properties) final rejection	40.00
1201 84 2201 42 Independent claims in excess of 3	1809	750	2809	375	(37 ČFR 1.12	29(a))	•	
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	For each add examined (37			
1204 84 2204 42 ** Reissue independent claims over original patent	1801	750	2801	375			xamination (RCE)	
1205 18 2205 9 ** Reissue claims in excess of 20	1802 900 1802 900 Request for of a design				of a design a		kamination	
and over original patent Other fee (specify)								
SUBTOTAL (2) (\$) 180.00	uced by l	Basic Fi	ling Fee	Paid	SUBTO	TAL (3) (\$)	40.00	
**or number previously paid, if greater; For Reissues, see above								
SUBMITTED BY Complete (if applicable) Registration No. 24 250 Telephone (647) 420 2765								
(Attomey/Agent) ST,359					Telephone	(617) 439-2766	·	
Signature						Date	June 24, 2003	